

# **Part II**

## ***Community Service Standards***

### **Section II**

#### ***General Service Standards***

**PROVIDER MANUAL  
FOR  
COMMUNITY MENTAL HEALTH,  
DEVELOPMENTAL DISABILITIES AND  
ADDICTIVE DISEASES  
PROVIDERS  
FOR  
THE DIVISION OF MENTAL HEALTH,  
DEVELOPMENTAL DISABILITIES AND  
ADDICTIVE DISEASES**



**JULY 2006**

# **DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND ADDICTIVE DISEASES**

## **STANDARDS FOR ALL PROVIDERS FY 07**

### **I. VISION: A MEANINGFUL LIFE IN THE COMMUNITY FOR EVERYONE**

It is the vision of the DHR Division of Mental Health, Mental Retardation and Addictive Diseases (MHDDAD) that each individual receiving service from the Division of MHDDAD or its contractors are served, supported, cared for and treated in a way that promotes a meaningful life in the community for that individual.

#### **A. MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

The Division of MHDDAD is working to implement the vision found in the President's *New Freedom Initiative on Mental Health*, which says:

We are committed to a future where recovery is the expected outcome and when mental illness can be prevented or cured. We envision a nation where everyone with a mental illness will have access to early detection and the effective treatment and supports essential to live, work, learn and participate fully in their community.

Additionally for individuals seeking recovery from addiction, the Division MHDDAD is working to support people in their recovery, as well as their allies, families and supporters, with the goal of healthier individuals and communities

For children and youth, the Division of MHDDAD is working to provide services, support, care and treatment that are family-driven and youth-guided that supports the resiliency of the individual child or youth within their natural environment

Beginning July of 2006, individuals in mental health or addictive disease services may receive multiple services from any number of providers, but each individual has a "clinical home" with a designated Core Provider who is responsible to see that the needs of the individual are addressed in a holistic way.

#### **B. MENTAL RETARDATION AND DEVELOPMENTAL DISABILITY SERVICES**

The Division of MHDDAD believes it is critical that services, supports, treatment and care respect the vision of the individual. Each agency or organization must incorporate this belief into their service delivery to support individuals with mental retardation and developmental disabilities in living a meaningful life in the community. Specifically, the provider must ensure:

- Person centered service planning and delivery
- Capacity and capabilities, including qualified and competent providers and staff
- Participant safeguards
- Satisfactory participant outcomes
- Systems of care that have the infrastructure necessary to provide coordinated services, supports, treatment and care

## **II. STANDARDS FOR ALL PROVIDERS: OUTCOMES FOR PERSONS SERVED**

The Standards that follow are applicable to services for individuals provided by the Division of MHDDAD or its contractors or providers under Letter of Agreement, regardless of the age or disability of the individual served. Regardless of disability, participant self-determination includes freedom, authority and responsibility and is considered key to achieving the vision of *a meaningful life in the community for everyone*.

### **A. Individuals receive Services, Supports, Care or Treatment that result in a Meaningful Life in the Community**

1. Services, supports, care or treatment approaches support the individual in:
  - a. Living in the most integrated community setting appropriate to their individual requirements and preferences
  - b. Exercising meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided; and
  - c. Obtaining quality services in a manner as consistent as possible with their community living preferences and priorities

### **B. Holistic Services, Supports, Care and Treatment to the Individual that Enhance the Individual's Capacity for a Meaningful Life is Available**

1. Individualized services, supports, care and treatment determinations are made on the basis of an assessment of need with the individual. The purpose of the assessment is to determine the individual's hopes, dreams or vision for their life and to determine how best to assist the individual in reaching those hopes, dreams or vision.
2. Assessments should include but are not limited to the following:
  - a. The individual's:
    - i. Vision, dreams or personal life goals;
    - ii. Perception of the issue(s) of concern;
    - iii. Strengths;
    - iv. Needs;
    - v. Abilities; and
    - vi. Preferences.
  - b. Medical history;
  - c. A current health history status report or examination in cases where:
    - i. Medications or other ongoing health interventions are required;
    - ii. Chronic or confounding health factors are present;
    - iii. Allergies or adverse reactions to medications have occurred; or
    - iv. Withdrawal from a substance is an issue.
  - d. Appropriate diagnostic tools such as impairment indices, psychological testing or laboratory tests;
  - e. Social history;
  - f. Family history;
  - g. School records (for C&A);
  - h. Collateral history from family or persons significant to the individual if available.
    - i. NOTE that when collateral history is taken, information about the individual **may not be shared** with the person giving the collateral history unless the individual has given specific written consent.

3. Additional assessments should be performed or obtained by the provider if required to fully inform the services, supports, care and treatment provided. These may include but are not limited to:
  - a. Assessment of trauma or abuse;
  - b. Functional assessment;
  - c. Cognitive assessment;
  - d. Behavioral assessments;
  - e. Emotional assessment;
  - f. Spiritual assessment;
  - g. Assessment of independent living skills;
  - h. Cultural assessment;
  - i. Recreational assessment;
  - j. Educational assessment;
  - k. Vocational assessment;
  - l. Nutritional assessment;
  - m. Review of legal concerns including:
    - i. Advance directives;
    - ii. Legal competence;
    - iii. Legal involvement of the courts;
    - iv. Legal status as it relates to Title 37; and
    - v. Legal status as adjudicated by a court.
4. The individual is informed of the findings of the assessments in language he or she can understand.
5. An individualized service plan or individualized recovery plan is developed with the guidance of an in-field professional (Refer to Section IV for definitions related to in-field professionals).
  - a. Individuals direct decisions that impact their life.
  - b. Others assisting in the development of the individualized plan are persons who:
    - i. Are significant in the life of the individual;
    - ii. Have a historical perspective of the wishes and preferences of the individual;
    - iii. The individual gives consent to have present (if family or friends); and
    - iv. Will deliver the specific services, supports, care and treatment identified in the plan.
      1. For individuals with coexisting, complex and confounding needs, cross disciplinary approaches to planning should be used;
      2. Planning should be facilitated by professional(s) qualified to plan or provide supports to persons with this level of complexity;
      3. Representatives of other agencies outside of the Division of MHDDAD or providers affecting the daily life of the individual should be present and participating
6. Each individualized plan should be:
  - a. Driven by the individual;
  - b. Focused on outcomes the individual wishes to achieve;
  - c. Fully explained to the individual using language he or she can understand;
    - i. Associated risks and benefits are explained; and
  - d. Agreed to by the individual.
7. Components of the plan are:
  - a. Statement of goals or desired outcomes;
  - b. Documented objectives that are:
    - i. Specific

- ii. **Measurable**
  - iii. **Achievable**
  - iv. **Realistic**
  - v. **Time-limited with specified target dates**
- c. Specific services, supports, care and treatment to be provided related to each goal or outcome;
- d. The frequency or intensity that the specific service, support, care and treatment will be given or provided;
- e. Identification of staff responsible to deliver or provide the specific service, support, care and treatment;
- f. A page for signature, title and date by participants (including the individual) that is attached to the plan, indicating participant presence:
  - i. There is evidence of involvement in the plan of all professionals providing services, supports, care and treatment to the individual;
- g. Clear authorization of the plan;
  - i. Refer to definitions of service to determine who must authorize the plan found at
    - 1. State of Georgia *Medicaid Community Mental Health Center Program Manual* (for MH or SA services)
    - 2. *Part II Policies and Procedures for Mental Retardation Waiver Program* (for MRDD services)
  - ii. A physician must authorize the plan when it includes medical care and treatment;
  - iii. When more than one physician is involved in individual care, there is evidence that an RN or MD has reviewed all in-field information to assure there are no contradictions or inadvertent contraindications within the care and treatment orders or plan.
  - iv. When a positive behavior support plan is used, there must be evidence of involvement by a qualified professional in the development and oversight of the plan
  - v. Intensive, restrictive or special treatment procedures must be clearly justified, authorized and supervised by an in-field professional and may not be in conflict with federal or state laws, rules, regulations or standards;
- 8. Documents that may be incorporated by reference into an individualized plan include but are not be limited to:
  - a. Medical updates as indicated by physician orders or notes;
  - b. Addenda as required when a portion of the plan requires reassessment;
  - c. Positive behavior support plan;
  - d. Wellness Recovery Action (WRAP) plan.
- 9. Individualized plans use natural supports available in the community.
- 10. Individualized plans or portions of the plan are reassessed as indicated by the following:
  - a. Changing needs, circumstances and responses of the individual, including but not limited to:
    - i. Any life change
    - ii. Change in provider
    - iii. Change in frequency of service
  - b. As requested by the individual;
  - c. As required for re-authorization; or
  - d. At least annually.
- 11. Wellness of individuals is facilitated through:

- a. Advocacy;
  - b. Individual care practices;
  - c. Education;
  - d. Sensitivity to issues affecting wellness including but not limited to:
    - i. Gender;
    - ii. Culture; and
    - iii. Age.
  - e. Incorporation of wellness goals within the individual plan.
12. Policies and procedures describe processes for referral of the individual based on ongoing assessment of individual need :
- a. Internally to different programs or staff; or
  - b. Externally to services, supports, care and treatment not available within the organization including, but not limited to:
    - i. Health care for
      - 1. Routine assessment such as annual physical examinations;
      - 2. Chronic medical issues;
      - 3. Ongoing psychiatric issues;
      - 4. Acute and emergent needs;
        - a. Medical
        - b. Psychiatric
    - ii. Diagnostic testing such as psychological testing or labs; and
    - iii. Dental services.

### **C. Person Centered Focus is Evident in Documentation**

1. The organization maintains a current, comprehensive record for every individual. This includes those persons who are:
  - a. Assessed;
  - b. Served;
  - c. Supported;
  - d. Cared for;
  - e. Or treated.
2. Information in the record is:
  - a. Organized;
  - b. Complete;
  - c. Current;
  - d. Meaningful;
  - e. Succinct; and
  - f. Essential to:
    - i. Provide adequate and accurate services, supports, care and treatment;
    - ii. Tell an accurate story of services, supports, care and treatment rendered and the individual's response;
    - iii. Protect the individual; and
    - iv. Comply with legal regulation;
  - g. Dated, timed and authenticated with the authors identified by name, credential and by title;
    - i. Notes entered retroactively into the record after an event or a shift must be identified as a "late entry";
  - h. Written in black or blue ink;
  - i. Corrected as legally prescribed by:
    - i. Drawing a single line through the error;

- ii. Labeling the change with the word “error”;
  - iii. Inserting the corrected information; and
  - iv. Initialing and dating the correction.
- 3. At a minimum, the individual information shall include:
  - a. The name of the individual, precautions, allergies (or no known allergies - NKA) and “volume #x of #y” on the front of the record;
    - i. Note that the individual name, allergies and precautions must also be flagged on the medication administration record;
  - b. Individual identification and emergency contact information;
  - c. Financial information;
  - d. Rights, consent and legal information including but not limited to:
    - i. Consent for service;
    - ii. Release of information documentation;
    - iii. Any psychiatric or other advanced directive;
    - iv. Legal documentation establishing guardianship;
    - v. Evidence that individual rights are reviewed at least one time a year;
    - vi. Evidence that individual responsibilities are reviewed at least one time a year; and
    - vii. Legal status as it relates to Title 37.
  - e. Pertinent medical information;
  - f. Screening information and assessments, including but not limited to:
    - i. Functional, psychosocial and diagnostic assessments;
  - g. Individual service plan or individual recovery plan, including:
    - i. Identified outcomes or goals (in measurable terms);
    - ii. Interventions or activities occurring to achieve the goals;
    - iii. The individual’s response to the interventions or activities (progress notes);
    - iv. A projected plan to modify or decrease the intensity of services, supports, care and treatment as goals are achieved; and
    - v. Discharge planning is begun at the time of admission that includes specific objectives to be met prior to decreasing the intensity of service or discharge
  - h. Discharge summary information provided to the individual at the time of discharge that includes:
    - i. Strengths, needs, preferences and abilities of the individual;
    - ii. Services, supports, care and treatment provided;
    - iii. Achievements;
    - iv. Necessary plans for referral; and
    - v. Discharged to.
      - 1. A dictated or hand-written summary of the course of services, supports, treatment or care incorporating the discharge summary information must be placed in the record within 30 days of discharge.
  - i. Progress notes describing progress toward goals, including:
    - i. Implementation of interventions specified in the plan;
    - ii. The individual’s response to the intervention or activity;
  - j. Event notes documenting:
    - i. Issues, situations or events occurring in the life of the individual;
    - ii. The individual’s response to the issues, situations or events;
    - iii. Missed appointments including
      - 1. Findings of follow-up; and

- 2. Strategies to avoid future missed appointments.
  - k. Records or reports from previous or other current providers;
  - l. Correspondence;
- 4. Documentation in the record reflects intensity of the services, supports, care and treatment.
  - a. Frequency and style of documentation is appropriate to the frequency and intensity of services, supports, care and treatment;
  - b. Documentation includes record of contacts with persons involved in other aspects of the individual's care, including but not limited to internal or external referrals;
  - c. The individual's response to the services, supports, care and treatment is a consistent theme in documentation.
- 5. There is a process for ongoing communication between staff members working with the same individuals in different programs, activities, schedules or shifts.

**D. Respect for the Dignity of the Individual is demonstrated**

- 1. Access to appropriate services, supports, care and treatment is available regardless of:
  - a. Age;
  - b. Ethnicity;
  - c. Gender;
  - d. Religion;
  - e. Social status;
  - f. Physical handicap;
  - g. Mental handicap; or
  - h. Payer source.
- 2. There are no barriers in accessing the services, supports, care and treatment offered by the organization, including but not limited to:
  - a. Geographic;
  - b. Architectural;
  - c. Communication;
  - d. Attitudinal;
  - e. Procedural; and
  - f. Organizational scheduling or availability.
- 3. There is evidence of organizational responsiveness to the individual as an individual.
- 4. Sensitivity to individual differences and preferences is evident.
- 5. Practices and activities that reduce stigma are implemented.
- 6. Interactions with individuals demonstrate:
  - a. Respect;
  - b. Careful listening; and
  - c. Are positive and supportive.
- 7. When individuals demonstrate challenging behaviors, care is taken to determine, from the perspective of the individual, what type of issues are being communicated by the individual:
  - a. Physiological issues such as possible medical and psychiatric issues;
  - b. Social issues such as loneliness and being on the outside looking in.
  - c. Psychological issues; or
  - d. Environmental issues.
- 8. If the challenging behavior cannot be figured out or satisfactorily addressed, there should be evidence of:
  - a. Consultation with an appropriately licensed or qualified professional; or



- b. Implementation of the DHR Division of MHDDAD *Guidelines for Supporting Adults with Challenging Behaviors in Community Settings* found at [www.mhddad.dhr.state.ga.us](http://www.mhddad.dhr.state.ga.us).

#### **E. Human and Civil Rights are maintained**

1. The organization has policies and promotes practices that:
  - a. Do not discriminate;
  - b. Promote receiving equitable supports from the organization;
  - c. Provide services, supports, care and treatment in the least restrictive environment;
  - d. Emphasize the use of positive communication and less restrictive interventions; and
  - e. Incorporate DHR Clients Rights or Patients Rights Rules, as applicable to the organization.
2. There are written policies and practices in place that delineate the rights and responsibilities of persons served.
3. Federal and state laws and rules are addressed including, but not limited to:
  - a. **For all community based programs**, practices promulgated by DHR Rules and Regulations for Clients Rights, Chapter 290-4-9 are incorporated into the care of individuals served. Issues addressed include but are not limited to the right to:
    - i. Care in the least restrictive environment;
    - ii. Humane treatment or habilitation that affords protection from harm, exploitation or coercion.
    - iii. Unless adjudicated incompetent by a court of law, be considered legally competent for any purpose without due process of law, including to maintain
      1. Civil;
      2. Political
      3. Personal; or
      4. Property rights.
  - b. **For all crisis stabilization programs serving adults, children or youth**, practices promulgated by DHR Rules and Regulations for Patients Rights, Chapter 290-4-6 are incorporated into the care of adults, children and youth served in crisis stabilization programs. Issues addressed include but are not limited to the right to:
    - i. Care in the least restrictive environment;
    - ii. Humane treatment or habilitation that affords protection from harm, exploitation or coercion.
    - iii. Unless adjudicated incompetent by a court of law, be considered legally competent for any purpose without due process of law, including:
      1. Civil;
      2. Political
      3. Personal; or
      4. Property rights.
  - c. **For all programs serving individuals with substance use and abuse issues**, in addition to practices promulgated by DHR Rules and Regulations for Clients Rights, Chapter 290-4-9, confidentiality procedures for substance abuse individual records comply with 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule (June 9, 1987), or subsequent revisions thereof.

- i. All substance abuse individuals are provided written notice about the confidentiality of substance abuse records at the time of admission or soon thereafter when the individual is capable of rational communication;
  - ii. This notification is documented in the individual's record; and
  - iii. The individual's signature on the notification form serves as documentation of notification.
- 4. All individuals are informed about their rights and responsibilities:
  - a. At the onset of services, supports, care and treatment;
  - b. At least annually during care;
  - c. Through information that is readily available, tastefully prepared and written using language accessible and understandable to the individual.
- 5. All individuals determine how their right to confidentiality will be addressed, including but not limited to who they wish to be informed about their services, supports, care and treatment.
- 6. In policy and practice the organization makes it clear whether and under what circumstances the following restrictive interventions occur. In all cases, federal and state laws and rules are followed and include but are not limited to the following.
  - a. Use of adaptive supports or medical devices;
    - i. May be used in any service, support, care and treatment environment;
    - ii. Use is defined by a physician's order.
  - b. Time out (used only in MRDD or C&A services)
    - i. Under no circumstance is egress restricted;
    - ii. Time out periods must be brief, not to exceed 15 minutes
  - c. Personal restraint;
    - i. May be used in all community settings except residential settings licensed as Personal Care Homes;
    - ii. Circumstances of use must represent an emergency safety intervention of last resort affecting the safety of the individual or of others.
    - iii. Brief handholding or support for the purpose of providing safe crossing, safety or stabilization does not constitute a personal hold.
  - d. Mechanical or physical restraint;
    - i. May be used in the community **only** in programs designated as crisis stabilization programs for adults, children or youth;
    - ii. Circumstances of use must represent an emergency safety intervention of last resort affecting the safety of the individual or of others.
  - e. Seclusion;
    - i. May be used in the community **only** in programs designated as crisis stabilization programs for adults, children or youth;
    - ii. Circumstances of use must represent an emergency safety intervention of last resort affecting the safety of the individual or of others.
  - f. Chemical restraint;
    - i. **May never be used under any circumstance.**
    - ii. Examples of chemical restraint are the following:
      - 1. The use of over the counter medications such as Benadryl for the purpose of decreasing an individual's activity level during regular waking hours
      - 2. The use of an antipsychotic medication for a person who is not psychotic but simply 'pacing' or mildly agitated

7. In policy the organization makes it clear that under no circumstances will the following occur:
  - a. Threats (overt or implied);
  - b. Corporal punishment;
  - c. Fear-eliciting procedures;
  - d. Abuse of any kind;
  - e. Withholding nutrition or nutritional care; or
  - f. Withholding of any basic necessity such as clothing, shelter, rest or sleep.

**F. Integration into the Larger Natural Community is Evident**

1. Inclusion and community integration is supported and evident.
2. Individuals have responsibilities in the community.
3. The organization has community partnerships that demonstrate input and involvement by:
  - a. The person served;
  - b. Families;
  - c. Advocates; and
  - d. Business and community representatives.
2. The organization makes known its role, functions and capacities to the community including other organizations as appropriate to its array of services, supports, care and treatment as a basis for:
  - a. Joint planning efforts;
  - b. Continuity in cooperative service delivery;
  - c. Provider networking;
  - d. Referrals; and
  - e. Sub-contracts.

**G. Individual Funds are managed by the Individual and are protected**

1. Policies and clear accountability practices regarding individual valuables and finances are in place relative to individual use, management and safeguarding.
2. Individual funds are managed individually and are not commingled with agency or other individual funds.
3. Individuals manage their personal funds to the extent possible as determined by:
  - a. Documented agreement with the individual served; or
  - b. Documented agreement with the individual and their representative; or
  - c. As designated by the guardian or parent (if the individual is a minor); or
  - d. Documented clinical assessment of capacity.
4. The agency is able to demonstrate individual participative management of the personal funds.
5. Personal individual funds are readily accessible for individual use.
6. If individual funds are not personally managed by the individual, a mechanism is in place for review of funds by the individual or their representative:
  - a. At least once a quarter;
  - b. To include a statement of funds received (including date and source), funds spent (including date and purpose), and balance of funds available.
  - c. Documentation of individual review shall be maintained.
7. The agency is able to demonstrate effort to secure a qualified, independent party to manage the individual's valuables and finances when the person served is unable to manage funds and there is no other person in the life of the individual who is able to assist in the management of individual valuables or funds.

## **H. The Service Environment Demonstrates Respect for the Persons Served and is Appropriate to the Services Provided**

1. Services are provided in an appropriate environment that is respectful of persons supported or served. The environment is
  - a. Clean;
  - b. Age appropriate;
  - c. Accessible;
  - d. Tastefully decorated; and
  - e. Adequately lighted, ventilated, and temperature controlled.
2. There is sufficient space, equipment and privacy to accommodate:
  - a. Accessibility;
  - b. Safety of persons served and their families or others;
  - c. Waiting;
  - d. Telephone use by persons served or supported; and
  - e. To provide identified services and supports.
3. The environment is safe:
  - a. All local and state ordinances are addressed;
    - i. Copies of inspection reports are available;
    - ii. Licenses or certificates are current and available as required by the site or the service.
  - b. There is evidence of compliance with fire safety codes, including but not limited to:
    - i. Inspection of equipment;
    - ii. Drills are conducted for individuals and staff;
      1. Once a month at alternating times;
      2. Twice a year during sleeping hours if residential services.
  - c. When food service is available, required certifications related to health, safety and sanitation are available.
4. There are policies, written procedures and evidence of practice such as but not limited to:
  - a. Preventative maintenance;
  - b. Environmental safety and hazards;
  - c. Equipment use; and
  - d. Cleanliness.
5. Policies, plans and procedures are in place that addresses emergency notification and preparedness.
  - a. Plans address, at a minimum:
    - i. Medical emergencies;
    - ii. Natural disasters known to occur;
    - iii. Power failures;
    - iv. Continuity of medical care as required; and
    - v. Notifications to families or designees.
  - b. On a regular basis, emergency preparedness notice and plans are:
    - i. Reviewed annually
    - ii. Tested at least annually for emergencies that occur locally on a less frequent basis such as but not limited to flood, tornado or hurricane
    - iii. Drilled with more frequency if there is a greater potential for the emergency, such as fire:
      1. At least twice a year except residential;
      2. At least quarterly in residential settings, including at least twice a year during hours of sleep; and

- iv. Inspected
- 6. Residential living support service options;
  - a. Are integrated and inclusive environments within established residential neighborhoods;
  - b. Are of a type ordinarily considered to be single family units;
  - c. Have space for informal gatherings;
  - d. Have personal space and privacy for persons supported; and
  - e. **Are understood to be the “home” of the person supported or served.**
- 7. There are policies and procedures for transportation of persons supported or served in residential services and in programs that require movement of persons served from place to place.
  - a. Policies and procedure apply to all vehicles used, including:
    - i. Those owned or leased by the organization;
    - ii. Those owned or leased by subcontractors; and
    - iii. Use of personal vehicles of staff
  - b. Policies and procedures include, but are not limited to:
    - i. Authenticating licenses of drivers;
    - ii. Proof of insurance;
    - iii. Routine maintenance;
    - iv. Requirements for evidence of driver training;
    - v. Safe transport of persons served;
    - vi. Requirements for maintaining attendance of person served while in vehicles;
    - vii. Safe use of lift;
    - viii. Availability of first aid kits;
    - ix. Fire suppression equipment;
    - x. Emergency preparedness;
- 8. Access is promoted at service sites deemed as intake, assessment or crisis programs through:
  - a. Clearly labeled exterior signs; and
  - b. Other means of direction to service and support locations as appropriate.

### **III. STANDARDS FOR ALL PROVIDERS: ORGANIZATIONAL PRACTICES**

#### **A. The Organization Clearly Describes Available Services, Supports, Care and Treatment**

- 1. The organization has a description of its services, supports, care and treatment that includes a description of:
  - a. The population served;
  - b. How the organization plans to strategically address the needs of those served; and
  - c. Services available to potential and current individuals.
- 2. The organization details the desired expectation of the services, supports, care and treatment offered and the outcomes for each of these services.
- 3. The level and intensity of services, supports, care and treatment offered is:
  - a. Within the scope of the organization;
  - b. According to benchmarked practices; and
  - c. Timely as required by individual need.

#### **B. Strong Operational Procedures Support the Organization, Its Staff and Individuals Served**

1. Applicable statutory requirements, rules, regulations, licensing and contractual requirements are addressed.
2. The organization has sound financial management and oversight.
3. The organization has internal structures that support good business practices:
  - a. There are clearly stated current policies and procedures for all aspects of the operation of the organization;
  - b. Policies and corresponding procedures direct the practice of the organization; and
  - c. Staff is trained in organization policies and procedures.
4. The organization has administrative and clinical structures that are clear and that support individual care:
  - a. Administrative and clinical structures promote unambiguous relationships and responsibilities.
5. Internal structures are in place that minimizes risk for individuals and staff.
6. Grievance, complaint and appeals policies and processes are clearly written in language accessible to individuals served and are promulgated. Notice of procedures is provided to individuals, staff and other interested parties. The organization specifies whether research is conducted on individuals served by the organization
7. The organization must state explicitly in its service description whether research is conducted.
  - a. If the organization wishes to conduct research involving individuals, a research design shall be developed and must be approved by:
    - i. The agency's governing authority;
    - ii. The Regional Coordinator for the Division of MHDDAD; and
    - iii. The Department of Human Resources Institutional Review Board
  - b. The Research design shall include:
    - i. A statement of rationale;
    - ii. A plan to disclose benefits and risks of research to the participating person;
    - iii. A commitment to obtain written consent of the persons participating; and
    - iv. A plan to acquire documentation that the person is informed that they can withdraw from the research process at any time.
  - c. The organization using unusual medication and investigational experimental drugs shall be considered to be doing research.
    - i. Policies and procedures governing the use of unusual medications and unusual investigational and experimental drugs shall be in place;
    - ii. Guidelines for research discussed previously in these standards shall be followed;
    - iii. The research design shall be approved and supervised by a physician;
    - iv. Information on the drugs used shall be maintained including:
      1. Drug dosage forms;
      2. Dosage range;
      3. Storage requirements;
      4. Adverse reactions; and
      5. Usage and contraindications.
    - v. Pharmacological training about the drug(s) shall be provided to nurses who administer the medications; and
    - vi. Drugs utilized shall be properly labeled.
  - d. If research is conducted there is evidence that involved individuals are:
    - i. Fully aware of the risks and benefits of the research;
    - ii. Have documented their willingness to participate through full informed consent;

- iii. Can verbalize their wish to participate in the research;
  - 1. If the individual is unable to verbalize or otherwise communicate this information, there is evidence that a legal representative, guardian or guardian ad litem as received this information and consented accordingly.

**C. Quality Improvement Processes and Management of Risk to Individuals, Staff and Others is a Priority**

1. There is a well-defined approach for assessing and improving organizational quality. The organization is able to demonstrate how:
  - a. Issues are identified;
  - b. Solutions are implemented; and
  - c. How new or additional issues are identified and managed on an ongoing basis.
2. Areas of risk to persons served and to the organization are identified based on services, supports, treatment or care offered including, but not limited to:
  - a. Incidents;
    - i. There is evidence that incidents are reported to the Division of MHDDAD as required by Policy 2:101, *Reporting of Individual Deaths and Critical Incidents*.
  - b. Accidents;
  - c. Complaints;
  - d. Grievances;
  - e. Practices that limit freedom of choice; and
  - f. Medication management;
3. Indicators of performance are in place for assessing and improving organizational quality. The organization is able to demonstrate:
  - a. The indicators of performance established for each issue;
    - i. The method of routine measurement;
    - ii. The method of routine evaluation;
  - b. Outcomes determined by indicators on a quarterly basis;
  - c. Distribution of findings on a quarterly basis to:
    - i. Individuals served or their representatives as indicated;
    - ii. Organizational staff;
    - iii. The governing body; and
    - iv. Other stakeholders, as determined by the governance authority.
4. Processes used for assessing and improving organizational quality are identified.
5. Cultural diversity competency of the organization is routinely assessed in regard to, but not limited to:
  - g. Governance representation;
  - a. Human resources awareness as determined by complaints and grievances;
  - b. Communications; and
  - c. Treatment supports.
6. At least five per cent (5%) of records of persons served are reviewed each quarter. Records of individuals who are “at risk” are included. Reviews include these determinations:
  - a. That the record is:
    - i. Organized;
    - ii. Complete;
    - iii. Accurate; and
    - iv. Timely

- b. Whether services are based on assessment and need;
  - c. That individuals have choice;
  - d. Documentation of service delivery;
  - e. Documentation of health service delivery;
  - f. Medication management and delivery, including the use of PRN medications; and
  - g. That approaches implemented for persons with challenging behaviors are addressed as specified in the *Guidelines for Supporting Adults with Challenging Behaviors in Community Settings*.
    - i. Record reviews should be kept for a period of at least two years.
- 7. Appropriate utilization of human resources is assessed, including but not limited to:
  - a. Competency;
  - b. Qualifications;
  - c. Numbers of staff required based on the service, supports, treatment and care needs of persons served; and
  - d. Staff to individual ratios.
- 8. There is an infection control plan that addresses the prevention, identification and control of potential infections.
- 9. There is a written budget that serves as a plan for managing resources.
  - a. Utilization of fiscal resources is assessed.

**D. The Organization Maintains a System of Information Management that Protects Individual Information and that is Secure, Organized and Confidential**

- 1. The organization has clear policies and procedures that support secure, organized and confidential management of information.
- 2. Maintenance and transfer of both written and spoken information is addressed:
  - a. Personal individual information;
  - b. Billing information; and
  - c. All service related information.
- 3. HIPAA Privacy Rules, as outlined at 45 CFR Parts 160 and 164 are observed.
- 4. Confidentiality procedures for substance abuse individual records comply with 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule (June 9, 1987).
- 5. Authorization for release of information is obtained when individual information is to be released or shared between organizations or with others outside the organization. Division protocol No. 3.200-10 *Disclosure and Authorization for Disclosure of Protected Health Information* is followed. Information is contained in each release of information must include:
  - a. Specific information to be released or obtained;
  - b. The purpose for the authorization for release of information;
  - c. To whom the information may be released or given;
  - d. The time period that the release authorization remains in effect (reasonable based on the topic of information, generally not to exceed a year); and
  - e. A statement that authorization may be revoked at any time by the individual in advance of the exchange of information;
- 6. Exceptions to use of a release of information are clear in policy:
  - a. The release if required or permitted by law;
  - b. Release is authorized by law as a valid exception;
  - c. A valid court order or subpoena is served; or



- d. When required to share individual information with the Division of MHDDAD or any provider under contract or LOA with the Division of MHDDAD for the purpose of meeting your own obligations to DHR.

**E. Organizations having Oversight for Medication or that Administer Medication Follow Federal and State Laws, Rules, Regulations and Best Practice Guidelines**

1. The organization has written policies and procedures for all aspects of medication management including, but not limited to:
  - a. Prescribing;
  - b. Ordering;
  - c. Authenticating orders;
  - d. Procuring;
  - e. Storing, including storage for controlled medications;
  - f. Management of sample medications;
  - g. Dispensing;
  - h. Supervision of individual self-administration;
  - i. Administration of medications;
  - j. Recording; and
  - k. Disposal of discontinued or out-of-date medication.
2. Organizational policy stipulates that:
  - a. Only licensed medical personnel can directly administer medication;
    - i. In homes licensed as Community Living Arrangements, staff may directly administer medications if:
      1. The staff member has completed a course in a Department of Technical Adult Education (DTAE) school and is certified as a Certified Nursing Assistant (CAN) and Qualified Medication Aide (QMA);
      2. The staff member has satisfactorily passed the NCLEX-style exam for QMA's;
      3. An RN supervises the staff member.
  - b. Only physicians or pharmacists may re-package or dispense medications;
    - i. This includes the re-packaging of medications into containers such as "day minders";
    - ii. Note that an individual capable of independent self-administration of medication may be coached in setting up their personal "day minder";
  - c. There are safeguards utilized for medications known to have substantial risk or undesirable effects, including but not limited to:
    - i. Storage;
    - ii. Handling;
    - iii. Insuring appropriate lab testing or assessment tools accompany the use of the medication.
  - d. Education regarding the risks and benefits of the medication is documented and explained in language the individual can understand;
  - e. Practice of informed consent for psychotropic medications is observed;
  - f. Protocols are defined for training to support individual self-administration of medication;
  - g. Staff are educated regarding:
    - i. Medications taken by individuals, including the benefits and risks;
    - ii. Monitoring and supervision of individual self-administration of medications;

- iii. The individual's right to refuse medication.
- h. The handling of licit and illicit drugs brought into the service setting is managed;
- i. Requirements for safe storage of medication are as required by law;
- j. The organization defines requirements for timely notification of the prescribing professional regarding:
  - i. Drug reactions;
  - ii. Medication problems;
  - iii. Medication errors; and
  - iv. Refusal of medication by the individual.
- k. When the organization allows verbal orders from physicians, those orders will be authenticated:
  - i. Immediately by a fax of the order with the physician signature on the page;
    - 1. The fax must be included in the individual's record; and
    - ii. By original physician signature within a policy-designated time frame.
- l. There are practices for regular and ongoing physician review of prescribed medications including, but not limited to:
  - i. Appropriateness of the medication;
  - ii. Documented need for continued use of the medication;
  - iii. Monitoring of the presence of side effects;
    - 1. Individuals on medications likely to cause tardive dyskinesia are monitored at prescribed intervals using an Abnormal Involuntary Movement Scale.
  - iv. Monitoring of therapeutic blood levels if required by the medication;
  - v. Monitoring of other associated laboratory studies.
- m. For organizations that secure their medications from a retail pharmacy, there is a biannual assessment of agency practice of management of medications **at all sites housing medications**. An independent licensed pharmacist or licensed registered nurse conducts the assessment. The report shall include, but may not be limited to:
  - i. A written report of findings, including corrections required;
  - ii. A photocopy of the pharmacist license or a photocopy of the license of the Registered Nurse;
  - iii. A statement of attestation from the independent licensed pharmacist or licensed Registered Nurse that all issues have been corrected.
- n. For organizations that employ a licensed pharmacist, there is a biennial assessment of agency practice of management of medications **at all sites housing medications**. A licensed pharmacist or licensed registered nurse conducts the assessment. The report shall include, but may not be limited to:
  - i. A written report of findings, including corrections required;
  - ii. A photocopy of the pharmacist license or a photocopy of the license of the Registered Nurse;
  - iii. A statement of attestation from the independent licensed pharmacist or licensed Registered Nurse that all issues have been corrected.
- 3. The "Seven Rights" for medication administration are defined and practiced within the organization:
  - a. Right person;
  - b. Right medication;
  - c. Right time;
  - d. Right dose
  - e. Right route;

- f. Right position; and
  - g. Right documentation.
- 4. There are policies and procedures governing documentation of self-administration or administration of medication.
  - a. Medication must be recorded each day and each time that it is given.
  - b. Missed, refused, or other reasons a medication is not given shall be recorded, including adverse reactions or implications.
- 5. A Medication Administration Record (MAR) is in place for each calendar month that an individual takes or receives medication.
  - a. Documentation of routine, ongoing medications occur in one discreet portion of the Medication Administration Record (MAR) and include but may not be limited to:
    - i. Documentation by calendar month that is sequential according to the days of the month;
    - ii. A listing of all medications taken or administered during that month including a full replication of information in the physician's order for each medication:
      - 1. Name of the medication;
      - 2. Dose as ordered;
      - 3. Route as ordered;
      - 4. Time of day as ordered; and
      - 5. Special instruction accompanying the order, if any, such as but not limited to:
        - a. Must be taken with meals;
        - b. Must be taken with fruit juice;
        - c. May not be taken with milk or milk products.
    - iii. If the individual is to take or receive the medication more than one time during one calendar day:
      - 1. Each time of day must have a corresponding line that permits as many entries as there are days in the month;
    - iv. All lines representing days and times preceding the beginning or ending of an order for medications shall be marked through with a single line;
    - v. When a physician discontinues a medication order, that discontinuation is reflected by:
      - 1. The entry of "D/C" at the date and time representing the discontinuation; followed by
      - 2. A mark through of all lines representing days and times that were discontinued.
  - b. Documentation of medications that are taken or received on a periodic basis occur in a separate discreet portion of the Medication Administration Record (MAR) and include but may not be limited to:
    - i. A listing of each medication taken or received on a periodic basis during that month including a full replication of information in the physician's order for each medication:
      - 1. Name of the medication;
      - 2. Dose as ordered;
      - 3. Route as ordered;
      - 4. Purpose of the medication such as but not limited to:
        - a. For upset stomach;
        - b. For fever over 100F;
        - c. For itching;

5. Frequency that the medication may be taken:
  - a. Every four hours not to exceed five doses in 24 hours;
  - b. Not to exceed two doses in 24 hours;
  - c. Every four hours until fever drops below 100F.
- ii. The date and time the medication is taken or received is documented for each use.
- c. Each Medication Administration Record (MAR) has a legend that clarifies:
  - i. Identity of authorized staff initials using full signature and title;
  - ii. Reasons that a medication may be not given, is held or otherwise not received by the individual, such as but not limited to:
    1. "P" = Pass
    2. "R" = Refused
    3. "NPO" = Nothing by mouth

**F. Faith or Denominationally Based Organizations who receive Federal or State Monies address issues specific to being a Faith or Denominationally Based Organization in their Policies and Practice**

1. Individuals or recipients of services are informed about the following issues relative to faith or denominationally based organizations:
  - a. Its religious character;
  - b. The individual's freedom not to engage in religious activities;
  - c. Their right to receive services from an alternative provider;
    - i. The organization shall, within a reasonable time after the date of such objection, refer the individual to an alternative provider.
2. If the organization provides employment that is associated with religious criteria, the individual must be informed.
3. In no case may federal or state funds be used to support any inherently religious activities, such as but not limited to:
  - a. Inherently religious activities;
  - b. Religious instruction; or
  - c. Proselytization.
4. Organizations may use space in their facilities to provide services, supports, care and treatment without removing religious art, icons, scriptures or other symbols.
5. In all cases, rules found at 42 CFR Parts 54, 54a and 45 CFR Parts 96, 260 and 1050 *Charitable Choice Provisions and Regulations: Final Rules* shall apply.

**G. Individuals are provided Services, Supports, Care and Treatment by Staff who are properly Licensed, Credentialed, Trained, and who are Competent**

1. One or more professionals in the field are attached to the organization as employees of the organization or as consultants on contract.
  - a. The professional(s) attached to the organization have experience in the field of expertise best suited to address the needs of the individual(s) served
    - i. Refer to Section IV for discussion of qualified professionals.
    - ii. Information regarding the professional(s) that must be attached to specific services may also be found at:
      1. State of Georgia *Medicaid Community Mental Health Center Program Manual* (for MH or SA services)
      2. *Part II Policies and Procedures for Mental Retardation Waiver Program* (for MRDD services)

- b. When medical, psychiatric services involving medication or detoxification services are provided, the organization receives direction for that service from a professional with experience in the field, such as medical director, physician consultant, psychiatrist or addictionologist.
- 2. Organizational policy and practice demonstrates that appropriate professional staff conduct the following services, supports, care and treatment, including but not limited to:
  - a. Overseeing the services, supports, care and treatment provided to individuals;
  - b. Supervising the formulation of the individual service plan or individual recovery plan;
  - c. Conducting diagnostic, functional and educational assessments;
  - d. Implementing assessment, care and treatment activities as defined in professional practice acts; and
  - e. Supervising high intensity services such as screening or evaluation, assessment, partial hospitalization, and ambulatory or residential crisis services.
- 3. The type and number of professionals staff attached to the organization are:
  - a. Properly licensed or credentialed in the professional field as required;
  - b. Present in numbers to provide adequate supervision to staff;
  - c. Present in numbers to provide services, supports, care and treatment to individuals as required;
  - d. Experienced and competent in the profession they represent; and
  - e. In 24 hour or residential care settings, at least one staff trained in BCLS and first aid is scheduled at all times.
- 4. The type and number of all other staff attached to the organization are:
  - a. Properly trained or credentialed in the professional field as required;
  - b. Present in numbers to provide services, supports, care and treatment to individuals as required; and
  - c. Experienced and competent in the services, supports, care and treatment they provide.
- 5. The organization has procedures for verifying licenses, credentials, experience and competence of staff:
  - a. There is documentation of implementation of these procedures for all staff attached to the organization; and
  - b. Licenses and credentials are current as required by the field.
- 6. State law, professional practice acts and in-field certification requirements are followed.
- 7. Job descriptions are in place for all personnel that include:
  - a. Qualifications for the job;
  - b. Duties and responsibilities;
  - c. Competencies required;
  - d. Expectations regarding quality and quantity of work; and
  - e. Documentation that the individual staff has reviewed understands and is working under a job description specific to the work performed within the organization.
- 8. There is evidence that a national criminal records check (NCIC) is completed for all employees who provide services, supports, care and treatment to persons served within the organization. DHR Policy #504 is followed:
  - a. Mandatory disqualification from employment for a minimum of five (5) years from the date of conviction, plea of no lo contendere, or release from incarceration or probation, whichever is later, is required for the following crimes:
    - i. Murder or felony murder;
    - ii. Attempted murder;
    - iii. Kidnapping;

- iv. Rape;
  - v. Armed robbery;
  - vi. Cruelty to children;
  - vii. Sexual offenses;
  - viii. Aggravated assault;
  - ix. Aggravated battery;
  - x. Arson;
  - xi. Theft by taking, by deception or by conversion; and
  - xii. Forgery in the first degree.
- b. The organization is prohibited from hiring into positions providing services, supports, care and treatment any persons convicted of the following:
  - i. Child, individual or patient abuse;
  - ii. Child, individual or patient neglect;
  - iii. Child, individual or patient mistreatment;
- 9. The organization has policies and procedures detailing all human resources practices, including but not limited to:
  - a. Processes for determining staff qualifications including:
    - i. License or certification status;
    - ii. Training;
    - iii. Experience; and
    - iv. Competence.
  - b. Processes for managing personnel information and records including but not limited to:
    - i. Criminal records checks; and
    - ii. Drivers license checks.
  - c. Provisions for and documentation of:
    - i. Timely orientation of personnel;
    - ii. Periodic assessment of training needs;
      - 1. Development of activities responding to those needs; and
    - iii. Annual work performance evaluations.
  - d. Provisions for sanctioning and removal of staff when:
    - i. Staff are determined to have deficits in required competencies;
    - ii. Staff is accused of abuse, neglect or exploitation.
- 10. Orientation requirements are specified for all staff. Prior to direct contact with individuals, all staff and volunteer staff shall be trained and show evidence of competence in:
  - a. The purpose, scope of services, supports, care and treatment offered including related policies and procedures;
  - b. Confidentiality of individual information, both written and spoken;
  - c. Rights and responsibilities of individuals;
  - d. Requirements for recognizing and reporting suspected abuse, neglect or exploitation of any individual:
    - i. To the Division of MHDDAD;
    - ii. Within the organization;
    - iii. To appropriate regulatory or licensing agencies; and
    - iv. To law enforcement agencies.
- 11. Within the first sixty days and annually thereafter, all staff having direct contact with individual shall be trained in:
  - a. Person centered values, principles and approaches;

- b. Holistic care of the individual
  - c. Medical, physical, behavioral and social needs and characteristics of the persons served;
  - d. Promoting positive, appropriate and responsive relationships with persons served and their families;
  - e. The utilization of:
    - i. Positive communication;
    - ii. Positive behavioral supports; and
    - iii. Techniques to de-escalate challenging and unsafe behaviors;
  - f. Nationally benchmarked techniques for safe utilization of emergency interventions of last resort (if such techniques are permitted in the purview of the organization);
  - g. Ethics, cultural preferences and awareness;
  - h. Fire safety;
  - i. Emergency and disaster plans and procedures;
  - j. Techniques of standard precautions, including:
    - i. Preventative measures to minimize risk of HIV;
    - ii. Current information as published by the Centers for Disease Control (CDC); and
    - iii. Approaches to individual education.
  - k. Basic cardiac life support (BCLS);
  - l. First aid and safety.
  - m. Common and specific individual medications and their side effects; and
  - n. Service, support, care and treatment specific topics appropriate to the care of persons served, such as but not limited to:
    - i. Symptom management;
    - ii. Principles of recovery relative to individuals with mental illness;
    - iii. Principles of recovery relative to individuals with addictive disease;
    - iv. Principles of recovery and resiliency relative to children and youth; and
    - v. Relapse prevention.
12. The organization details in policy by job classification:
- a. Training that must be refreshed annually;
  - b. Additional training required for professional level staff;
  - c. Additional training required for all other staff.
13. Regular review and evaluation of all staff is evident at least annually.
- a. The evaluation should occur annually;
  - b. Managers who are clinically, administratively and experientially qualified conduct evaluations.
14. It is evident that the organization demonstrates administration of personnel policies without discrimination.

#### **H. The Organization that Contracts with Other Organizations Ensures the Affiliate's Compliance and Capacity to Provide Care**

- 1. The organization remains responsible for the affiliate's compliance with:
  - a. Contract requirements;
  - b. Standards of practice and specified requirements in the Provider Manual for the Division of MHDDAD, including *Standards for All Providers*;
  - c. Licensure requirements;
  - d. Accreditation or certification requirements; and
  - e. Quality improvement and risk reduction activities.

2. The affiliate's capacity to provide quality care is monitored, including:
  - a. Financial oversight and management of individual funds;
  - b. Staff competency and training;
  - c. Mechanisms that assure care is provided according to the plan of care for each individual served
3. There is evidence of active oversight of the affiliate's capacity and compliance.
4. A report shall be made quarterly to the agency's Board of Directors regarding:
  - a. Services provided by affiliate;
  - b. Quality of performance of the affiliate.
5. A report shall be made to the region prior to the end of the first quarter and third quarter of the fiscal year that includes:
  - a. Name of the affiliate or contractor;
  - b. Contact name for affiliate or contractor;
  - c. Contact information for affiliate or contractor;
  - d. Disability group(s) served;
  - e. Specific service(s) provided;
  - f. Number of persons in service; and
  - g. Annualized amount paid to affiliate.
6. Organizations designated as a Core Provider **may not contract out any services provided under the "Core Provider" designation.**

#### IV. PROFESSIONAL DESIGNATIONS

**A. Developmental Disability Professional (DDP).** The following are considered to be a Developmental Disability Professional:

1. **Advanced Practice Nurse:** practice by a registered professional nurse who meets those educational practice and certification requirements, or any combination of such requirements, as specified by the Georgia Board of Nursing and includes certified nurse midwives, nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists in psychiatric/mental health, and others recognized by the board and who have one year experience in treating persons with developmental disabilities.
2. **Educator:** An educator with a degree in education from an accredited program and with specialized training or one year of experience in working with persons with mental retardation or developmental disabilities.
3. **Human Service Professional:** a human services professional with a bachelor's degree in social work or a bachelor's degree in human services field other than social work (including the study of human behavior, human development or basic human care needs) and with specialized training or one year of experience in working with persons with mental retardation or developmental disabilities.
4. **Masters or Doctoral Degree Holders:** in one of the behavioral or social sciences that is primarily psychological in nature, with documentation of supervised clinical experience in an internship or practicum placement program, or those licensed in Georgia to practice independently, who all have specialized training or one year of experience in working with persons with mental retardation or developmental disabilities.
5. **Physical or Occupational Therapist:** a licensed physical or occupational therapist who has specialized training or one year of experience in treating persons with mental retardation or developmental disabilities.
6. **Physician:** a physician licensed under state law to practice medicine or osteopathy and with specialized training or one year of experience in treating persons with mental retardation or developmental disabilities.



7. **Physician's Assistant:** a person qualified by academic and practical training to provide patients' services under the direction or supervision of a physician through protocol and who has one year experience in treating persons with developmental disabilities.
8. **Psychologist:** a holder of a doctoral degree from an accredited university or college and who is licensed as a psychologist in the state of Georgia and who has specialized training or one year of experience in mental retardation or developmental disabilities.
9. **Registered Nurse (Associate Degree or Diploma):** a registered nurse who is authorized by a license to practice nursing as a registered professional nurse, who holds an associate or diploma degree in nursing and who has three years of experience, two of which are in mental retardation or developmental disabilities.
10. **Registered Nurse (Bachelor Degree):** a registered nurse who is authorized by license to practice nursing as a registered professional nurse and who holds a bachelor's degree in nursing with one year experience in mental retardation or developmental disabilities.
11. **Speech Pathologist or Audiologist:** a licensed speech pathologist or audiologist who has specialized training or one year of experience in treating persons with mental retardation or developmental disabilities.
12. **Therapeutic Recreation Specialist:** A therapeutic recreation specialist who is a graduate of an accredited program and who has specialized training or one year experience in working with persons with mental retardation or developmental disabilities.

**B. Mental Health Professionals (MHP).** The following are considered to be Mental Health Professionals:

1. **Advanced Practice Nurse:** practice by a registered professional nurse who meets those educational practice and certification requirements, or any combination of such requirements, as specified by the Georgia Board of Nursing and includes certified nurse midwives, nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists in psychiatric/mental health, and others recognized by the board and who have one year experience in treating persons with mental illness.
2. **Clinical Chaplain:** a graduate of a school of theology who has completed at least one year (four quarters) of training as a clinical chaplain in a program accredited by the Association for Clinical Pastoral Education, American Association of Pastoral Counselors, or American Association of Mental Health Chaplains.
3. **Masters or Doctoral Degree Holders:** in one of the behavioral or social sciences that is primarily psychological in nature, and documentation of supervised clinical experience in an internship or practicum placement program, or those licensed in Georgia to practice independently.
4. **Mental Health Clinician (MHC):** Mental Health Clinicians must work under the supervision of a Mental Health Professional. Their clinical work must be reviewed and signed by the MHP supervisor. The following are considered to be Mental Health Clinicians:
  - a. **Bachelor Degree** holders in one of the behavioral or social sciences, from an accredited university or college, that is primarily psychological in nature who have documentation or two (2) years supervised clinical or work experience in the field of mental health;
  - b. **Registered Nurse**, licensed to practice in the state of Georgia who does not hold adequate experience or certification to be a MHP;
  - c. **Clinical Interns or Practicum Students** in a Master's degree program in one of the behavioral or social sciences at an accredited university or college, that is primarily psychological in nature;

- d. **Master's Degree** holders in a behavioral or social science field that is primarily psychological in nature, from an accredited university or college. Documented experience is not a requirement.
- 5. **MHP Equivalent:** individual who has been designated as a MHP based on training and experience equivalent to that of a MHP. No new MHP equivalencies will be granted, however those holding this status prior to July 1, 1999 may be allowed to continue to have the MHP designation. The MHP equivalent is agency dependent and is not transferable. When a MHP equivalent individual leaves the agency, the individual may no longer retain this equivalency.
- 6. **Physician:** a person who is licensed to practice medicine or osteopathy in Georgia who has specialized training or one year of experience in treating persons with mental illness.
- 7. **Physician's Assistant:** a person qualified by academic and practical training to provide patients' services under the direction or supervision of a physician through protocol and who has one year experience in treating persons with mental illness.
- 8. **Psychiatrist:** a physician licensed to practice medicine or osteopathy in Georgia, who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology.
- 9. **Psychologist:** a holder of a doctoral degree from an accredited university or college and who is licensed as a psychologist in the state of Georgia and with training in working with persons with mental illness.
- 10. **Registered Nurse (Associate Degree or Diploma):** a registered nurse who is authorized by a license to practice nursing as a registered professional nurse, who holds an associate or diploma degree in nursing and who has three years of experience, two of which are in psychiatry or mental health.
- 11. **Registered Nurse (Bachelor Degree):** a registered nurse who is authorized by license to practice nursing as a registered professional nurse and who holds a bachelor's degree in nursing with one year experience in psychiatry or mental health.
- 12. **Social Worker, Professional Counselor or Marriage and Family Therapist:** a social worker, professional counselor or marriage and family therapist licensed in Georgia, including individuals who hold an associate license in a professional counseling or marriage and family therapy, with documentation of supervised clinical experience in field placements.

**C. Substance Abuse Manager (SAM).** The following are considered to be Substance Abuse Managers:

- 1. **Advanced Practice Nurse:** practice by a registered professional nurse who meets those educational practice and certification requirements, or any combination of such requirements, as specified by the Georgia Board of Nursing and includes certified nurse midwives, nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists in psychiatric/mental health, and others recognized by the board and who have one year experience in treating persons with addictive diseases.
- 2. **Bachelors, Masters or Doctoral Degree Holders:** in one of the behavioral or social sciences that is primarily psychological in nature and certification as a Certified Addiction Counselor II by the Georgia Addiction Counselors Association, or certification by the National Association or Alcoholism and Drug Abuse Counselors, or certification by the International Credentialing Reciprocity Consortium as a Certified Alcohol and Drug Counselor. Individuals with certification as a Certified Addiction Counselor II or as a Certified Alcohol and Drug Counselor prior to January 1, 2000 are considered SAMs regardless of educational status.

3. **Certified Employee Assistance Professional:** an individual with 18 months of full time substance abuse specific clinical experience in the treatment of persons with addictive diseases and documented ongoing continuing education in the field of substance abuse.
4. **Physician:** a person who is licensed to practice medicine or osteopathy in Georgia who has specialized training or one year of experience in treating persons with addictive diseases.
5. **Physician's Assistant:** a person qualified by academic and practical training to provide patients' services under the direction or supervision of a physician through protocol and who has one year experience in treating persons with addictive diseases.
6. **Psychiatrist:** a physician licensed to practice medicine or osteopathy in Georgia, who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology and who has specialized training or one year of experience in treating persons with addictive diseases.
7. **Psychologist:** a holder of a doctoral degree from an accredited university or college and who is licensed as a psychologist in the state of Georgia and with training in working with persons with addictive diseases.
8. **Registered Nurse (Associate Degree or Diploma):** a registered nurse who is authorized by a license to practice nursing as a registered professional nurse, who holds an associate or diploma degree in nursing and who has specialized training or certification in addiction or who has three years of experience, two of which are in addictive diseases.
9. **Registered Nurse (Bachelor Degree):** a registered nurse who is authorized by license to practice nursing as a registered professional nurse and who holds a bachelor's degree in nursing with specialized training or certification in addiction or one year of experience in addictive diseases.
10. **Social Worker, Professional Counselor or Marriage and Family Therapist:** a social worker, professional counselor or marriage and family therapist licensed in Georgia, including individuals who hold an associate license in a professional counseling or marriage and family therapy, with specialized training or certification in addiction or one year of experience treating persons with addictive diseases.
11. **Substance Abuse Professional (SAP):** Substance abuse professionals may work under the supervision of a Substance Abuse Manager (SAM). Their clinical work must be reviewed and signed by the SAM supervisor. The following are considered to be Substance Abuse Professionals:
  - a. **Any individual** designated as a Substance Abuse Manager also meets the requirements for designation as a Substance Abuse Professional;
  - b. **Any individual**, regardless of professional education and training, who have certification by the Georgia Addiction Counselors Association as a Certified Addiction Counselor I.

## V. WAIVERS TO STANDARDS

The organization may not exempt itself from any of these standards or any portion of the provider manual. Individual standards and provider manual requirements may be requested to be waived by written request to the Regional Coordinator for the Division of MHDDAD. For any request, approval must be given, in writing, by the:

1. Regional Coordinator for the Division of MHDDAD
2. Director of Regional Operations for the Division of MHDDAD;
3. Disability Chief; and the
4. Director of the Division of MHDDAD

